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AUTHOR Losee, Doug
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ABSTRACT

The theoretical notions underpinning what stress is, where it is located, how it is thought to operate and with what sorts of consequences are the focuses of this paper. Beginning with a list of sources representing the medical/psychological model of stress, the paper then discusses this model, including how biologic stress is conceptualized by the medical profession, the ancient biological tradition of human response behaviors, what events can be considered stressful, what happens when a person is stressed, and what different types of stress exist. The paper then explores the role of communication in the medical/psychological model of stress, including the implications of intrapersonal communication (self-talk and cognitive evaluations). Next, the paper lists recent sources in emotion and stress in the field of speech communication and concludes with a summary of recent research in emotion and stress in the field. This final section discusses new directions in communicating emotion and stress, based on the works of Michael J. Hyde, Ross Buck, and John Waite Bowers, which deal with the function and impact of emotions, and theories of emotion communication. (EL)

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HOW COMMUNICATION ABOUT STRESS IS CONCEPTUALIZED: A COMPARATIVE DISCIPLINARY LITERATURE REVIEW

A Paper Presented to the Basic Course Conference
Western Speech Communication Association Convention
Tucson, Arizona February 15-18, 1986

By
Doug Losee
Department of Speech Communication
Humboldt State University
Arcata, California 95521

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INTRODUCTION

The goal of this paper is to give you a sense of the theoretical notions that underpin what stress is, where it is located among the gamut of human emotion, how it is thought to operate and with what sorts of consequences.

This comparative disciplinary review of literature will not follow traditional guidelines for structuring literature reviews as we know them. Instead, the organizational format of this paper will follow (1) a list of sources that represent a certain "way of knowing" about stress with (2) a statement of how that way of knowing conceptualizes stress. There are essentially two ways of knowing that will be explored. The first is the most current model of stress being utilized in the medical/psychological literature. The second is the current trends in how Speech Communication scholars conceptualized emotion and stress. Substantial discussion is devoted to re-casting our understanding of emotion and stress to an active, phenomenological perspective.

SOURCES REPRESENTING THE MEDICAL/PSYCHOLOGICAL MODEL OF STRESS

Breo, Dennis L. "Is it Worth Dying for?" American Medical News, publication of the American Medical Association, May 15, 1981.

Buell, James C. and Robert S. Eliot, "The Role of Emotional Stress in the Development of Heart Disease," Journal of the American Medical Association, 242, July 27, 1979.

Eliot, Robert S. "Techniques that Can Help You and Your Patients," Consultant: The Journal of Medical Consultation, Cliggott Publishing Company, 1982.

Mandler, George. "The Generation of Emotion: A Psychological Theory," in Emotion: Theory, Research and Experience, vol. 1: Theories of Emotion, Robert Plutchik and Henry Kellerman (Eds.), New York: Academic Press, 1980.

Pribram, Karl H. "The Biology of Emotion and Other Feelings," in Emotion: Theory, Research and Experience, vol. 1: Theories of Emotion, Robert Plutchik and Henry Kellerman (Eds.), New York: Academic Press, 1980.

Rorty, Amelie Oksenberg (Ed.), Explaining Emotions. Berkeley: University of California Press, 1980.

Selye, Hans. "Stress, Cancer, and the Mind," in Cancer, Stress & Death. Jean Tache`, Hans Selye, and Stacey B. Day (Eds.), New York: Plenum Medical Book Company, 1979.

Tache`, Jean. "Stress as a Cause of Disease," in Cancer, Stress & Death. Jean Tache`, Hans Selye, and Stacey B. Day (Eds.), New York: Plenum Medical Book Company, 1979.

THE MEDICAL/PSYCHOLOGICAL MODEL OF STRESS

The "medical" and "psychological" paradigms are so tightly related in terms of a discussion of stress, that it is necessary to combine them to facilitate a cogent synthesis. In line with this synthesis, it will be seen that communication plays a vital role in how stress is understood by persons experiencing it. Essentially, the medical model conceptualizes stress as deriving from physiological mechanisms but relies on communication to discuss the idea of coping. Psychologists see and talk about stress in life as learning better coping mechanisms through communication. Both schools of thought utilize communication; however, both begin at different places. At the risk of oversimplifying, the medical model begins with understanding the biological mechanisms underlying manifestations of stress. The psychological model begins with counseling patients in employing more effective coping mechanisms through communication.

First, it is useful to understand how biologic stress is conceptualized by the medical profession. In its broadest sense, stress is defined as "any

activity that requires coping" (Breo, 1981, p. 2; Eliot, 1982, p. 2) and/or a "nonspecific response of the body to any demand made upon it" (Selye, 1979, p. 12; Tache`, 1979, p. 2).

Second, the notion of stress has its roots in an ancient biological tradition of human response behaviors. How we respond to current, everyday events is like we have responded for millenia--most notably in terms of "survival" of self. Tache` phrases it this way:

> In each one of us lies a dormant and primeval man who in certain situations is aroused and imperiously takes command . . . . Given the ancient problem-solving options available to him--fight or flight, both requiring physical activity--he can hardly come up with satisfactory solutions to modern problems, for they require reflection, negotiation, and compromise. When one is taught to rely on this alarm reaction to deal with any stressor arising from the modern environment, the state of preparedness--which should be a transient one--sets in and develops into a way of life. Any perception the body analyzes as a threat to its survival will arouse the primoridal man in us (Tache`, 1979, pp. 8-9).

The contemporary term for the arousal syndrome Tache` addresses is the fight or flight reaction. This reaction, although necessary is some amounts in modern life, is often not necessary for survival. For example, suppose you are caught in a snarled traffic jam making you late for an important meeting. You are upset and the upset increases by the minute. You swear, slam your hand on the steering wheel, shout out the window at passersby, flip your finger at the supposed cause of the traffic snarl, etc. The "primoridal" person arises with an unnecessary response behavior pattern. It is clear that the traffic jam had you so uptight that you did not operate in

other, perhaps, more appropriate ways. A physiologic stress reaction, perhaps a headache, or worse, takes over.

Third, of all the events in our lives, which are stressful? The literature suggests that any event can be stress producing; however, "Whether an event is stressful depends on a complex amalgam of factors including genetic predisposition, early social experience, and a lifelong process of conditioning and cultural factors. The resultant perceptions constitute the psychological prism through which daily events are uniquely and individually refracted" (Buell & Eliot, 1979, p. 366). Thus, how a person copes with stressful events not only varies from individual to individual, it is clear that there are a host of significant factors that may or may not operate in varying degrees. These factors need to be acknowledged and understood. Those factors to be examined are, ". . . individual perception of events, measurements of the degree of strain induced by events, assessment of coping and other environmental and supportive counterbalancing forces" (Buell & Eliot, 1979, p. 368). Out of the array of conditions that prompt a person to respond to everday events is a complex matrix of factors that need to be examined. Some of the things to be examined are how a person constructs meaning for events, what degrees of strain are felt by the person reacting to the events, how the person handles stressful conditions in his/her life, and what personal circumstances provide support for the person while experiencing stressful events.

Fourth, specifically, what happens when a person is stressed? From a biological/medical perspective there is a "transmission of hypothalmic impulses to the pituitary for the mobilization of stress hormones [catecholamines] which is closely connected with the 'fight or flight' reaction accompanied by a massive autonomic [nervous system] discharge" (Selye,

1979, p. 12; Pribram, 1980, pp. 245-246; brackets mine). For example, when a stimulus prompts a person to respond in a stressful fashion, emotions of fear, anxiety, and depression may be experienced. At a physiological level, these emotions are "reflected in limbic system activity, which directly involves hypothalmic and pituitary activity. . . . imbalances in hormonal activity have frequently been demonstrated to be connected to increases in malignant growth. Oversecretion of the adrenal has been particularly noted to affect the thymus and lymph nodes and subsequently the white blood cells" (Selye, 1979, p. 16). Stress, per se, does not always lead to malignancies. At a physiological level, stress is the bodies' reaction to fighting or fleeing and if the body is geared up for a fight and it does not have to be--hypertension, heart attacks, and cancer, headaches, stomach aches, sleeplessness, may be the result.

Fifth, are there different types of stress? Yes; and not all stress is disabling. Joy, for example, produces the same physiological phenomena as fear, though the person "names" it differently based on cues from the context in which the stimulus occurs. Good stress (or "eustress" as it is called) usually does not prompt the person to fight or flee. Bad stress (or "distress" as it is called) usually manifests itself through one or a combination of three behavior patterns: hostility, impatience, and competitiveness (Breo, 1981, pp. 1-2; Eliot, 1982, p. 4). If left unattended, this triad of behaviors can kill you. The person who experiences hostility, impatience, and/or competitiveness has been nicknamed the "hot reactor" and will usually suffer deleterious physical consequences. Clues as to whether a person is manifesting any one or a combination of these behaviors can be seen in the person's communication. "Hostility is most often revealed not by what people say, but how they say it. Impatience is

evaluated not by what people do, but how high they strive or how fast or long they work. The question is: Are their circuits overloaded? Competitiveness is exaggerated in those who compete with everybody and the clock" (Eliot, 1982, p. 4). Competitiveness, per se, manifests itself for the person in behaviors that appear as uptight and always on edge. As Buell and Eliot claim, "It is as if a clamp were to be forced down on a garden hose. If you prepare for battle, the autonomic nervous system is narrowing the blood vessels. The heart must pump against dramatically increased pressure. There is a limit to what the heart can do" (1979, p. 2). While the five domains of the medical/psychological model noted above do not pretend to exhaust considerations in the vast literature, they do, I believe, give us a sense of how the medical and psychological fields currently view stress and its consequences.

Summary

Stress, in the medical/psychological model is seen primarily from a physiologic level. Stress is a response to a stimulus that prompts the person to have feelings associated with "being prepared to fight or flee"--thus accommodating the stimulus in some way. Stress shows up in different ways and in differing degrees with each person, though most notably in terms of hostility, impatience, and competitiveness. All of these, in whatever combination, make the person "upset." Being upset is usually the result of one or a combination of three factors in persons' lives: a thwarted intention, a withheld communication, and/or an unfulfilled expectation. Of primary consideration, as Eliot notes, is the idea that "events [in person's lives] by themselves have no meaning; we give them meaning by experiencing them and

[cognitively] evaluating them. If we perceive them as a threat, we adjust by increasing vigilance or by sounding alarm responses or both. In other words, we upset ourselves" (1982, p. 5; brackets mine). While there is a biological given in terms of what happens to us at a physiological level with stress, we "name" what we feel in symbolic terms--i.e., words. Current psychological and communication literature reveals that self-talk, or the language we say to ourselves and the ways we frame the language is wholly our own construction. As Mandler believes:

> Given that languages communicate about states of the word, it is not surprising that much of the cognitive side of emotional states, which evaluates states of the world, is affected by language categories. . . . These categorizations of the external world and of internal states are the main avenue of the cognitive evaluations that color the emotional experience. The label that something is good or the cognate facial expression of acceptance or approval influences the quality of the emotional experience. We know that the occurence of some easily labeled social situations as well as the production of evaluative facial expressions influence the consequent emotional state. . . . I read the evidence on facial expression as evidence for an ancient system of communication, probably pre-linguistic, that is used to code and communicate major categories of human experience--namely, cognitive evaluations (1980, pp. 231-232).

Thus, what is clear from Mandler's notions is that language reveals what a person is experiencing. While a notably obvious idea, the locus of control of stress (and emotions) is placed squarely on a person's use of language. We will see this idea surface in the following discussion of the role of communication in the medical/psychological model.

THE ROLE OF COMMUNICATION IN THE MEDICAL/PSYCHOLOGICAL MODEL OF STRESS

First and foremost in the medical/psychological model of stress is the idea that there is a primeval phenomenon to fight or flee with us that signals that a condition or stimulus in the environment deserves our immediate concern. The body responds with a barrage of hormones secreted from the pituitary gland that is interpreted by the person as an alarm signal. As suggested above, the alarm signal can be variously intense and/or mild depending on a host or physical, mental, and social factors.

Communication enters the picture at an intrapersonal level; that is, the level at which we translate the biological into the symbolic by interpreting the alarm signal as meaning some--thing. In other words, stress and/or any "emotional state" is known by us in symbolic form. For example, to have knowledge that I am fearful, I have to say it to myself as being so. What precedes the "knowing" is the acknowledgment that self is biologically responding to some--thing. Thus, emotions and/or stress always have a referent--either within our biological self or external to it or both. That referent plus the knowledge of the alarm-as-signaled combine to frame what we externally perceive on others as an expression of fear. Of course, what we perceive about another person's display of fear may be quite different than what the person is feeling because we simultaneously interpret what we "see" in symbolic form through our own *a priori* interpretations and cognitive evaluations. This singular notion may account, in large part, for individual differences in emotional displays.

Thus, stress has a biological underpinning that is rooted in an "ancient" way of apprehending the world around us. We "know" of the alarm signals and the various intensities of factors that prompt stress (or any emotion) in symbolic ways at an intrapersonal level. Another way of saying this is that we engage in "self-talk." In the process of interpreting what the biological signals "mean" we talk to ourselves as we make sense of the signals. That talk is always framed in linguistic forms. The words we say literally "frame" the response we have to the conditions and stimuli that prompt us.

What our discipline calls "intrapersonal communication" others call "self-talk" and "cognitive evaluations" (Breo, 1981, p. 2; Eliot, 1982, p. 6; Mandler, 1980, pp. 219-244; Breo and Eliot speak of "self-talk" and Mandler speaks of "cognitive evaluations" as interpretations of external stimuli--a way of knowing about physiological conditions as experienced by self). In terms of the clinical treatment of stressed patients, Eliot reflects,

> A portion of behavioral modification is semantic; it is what we tell ourselves. . . .Our studies show it is desirable to talk to yourself pleasantly. The manner in which you talk to yourself determines how you talk to others. If you are hostile and impatent with yourself, you will be so with others. These self-talks often influence our physiology . . . [and] leads to self-fulfilling prophecies" (Eliot, 1982, p. 6; brackets mine).

From a clinical and psychological perspective, therefore, comes a startlingly obvious realization, namely, that we upset ourselves; events or people do not upset us if we choose not to let them do so (Eliot, 1982, p. 6). The choice we have as persons is clearly symbolic--no doubt, there are "choices" the physical-self makes but that appears to be problematic until we "name and/or label" the physical state as an emotion of some sort.

Our physical feelings, then, are states we experience and language symbolically in form and substance. The symbolic forms we possess for our emotions enable us to categorize and interpret our external and internal worlds; these symbolic forms are learned through the process of being socialized and, therefore, can be altered to better suit our physical, psychological, and social well-being. It is in this sense that the clinical perspective sees "cognitive restructuring" as a process whereby trained specialists examine how a person talks to themselves about what they are feeling. On close examination, it becomes clear that people "make" (or "construct") their interpretations of physical states in ways that *add-onto* the physical states--sometimes in deleterious ways. We literally "blow things way out of proportion" by interpreting an external experience as something that it clearly is not.

The implications of examining how persons "self-talk" for Speech Communication are profound. What has been largely an ignored dimension of Wendell Johnson's "black box" is now being considered significant and worthy of research considerations. It is in the area of intrapersonal communication or "self-talk" that we can begin to examine the connection between stress and the languaging of emotions in human communication.

RECENT SOURCES IN EMOTION AND STRESS

IN THE FIELD OF SPEECH COMMUNICATION

Albrecht, Terrance L. "Coping with Occupational Stress: Relational and Individual Strategies in Acute Health Care Settings," Communication Yearbook 6, Michael Burgoon and Noal E. Doran (Eds.), Beverly Hills: Sage Publications, 1982, pp. 832-849.

Bowers, John Waite, Sandra M. Metts, and W. Thomas Duncanson, "Emotion and Interpersonal Communication," Handbook of Interpersonal Communication, Mark L. Knapp and Gerald R. Miller (Eds.), Beverly Hills: Sage Publications, 1985, pp. 500-550.

Buck, Ross. The Communication of Emotion. New York: The Guilford Press, 1984.

Cegala, Donald J., Grant T. Savage, Claire C. Brunner, and Anne B. Conrad, "An Elaboration of the Meaning of Interaction Involvement: Toward the Development of a Theoretical Concept," Communication Monographs, 49 (December, 1982), 229-248.

Hyde, Michael J. "The Experience of Anxiety: A Phenomenological Investigation," Quarterly Journal of Speech, 66 (1980) 140-154.

Hyde, Michael J. "Emotion and Human Communication: A Rhetorical, Scientific, and Philosophical Picture," Communication Quarterly, 32 (Spring, 1984) 120-131.

Pettegrew, Loyd S., Richard C. Thomas, Daniel E. Costello, Glenda E. Wolf, Lynne Lennox, and Stephen L. Thomas, "Job Stress in a Medical Center Organization: The Management of Communication Issues," Communication Yearbook 4, Dan Nimmo (Ed.), New Brunswick: Transaction Books, 1980, pp. 625-653.

Pettegrew, Loyd S., Richard C. Thomas, Julia Ford, and Daniel Costello, "The Effects of Job-Related Stress on Medical Center Employee Communicator Style," Communication Yearbook 5, Michael Burgoon (Ed.), New Brunswick: Transaction Books, 1982, pp. 529-546

Ray, Eileen Berlin, "Job Burnout From a Communication Perspective," Communication Yearbook 7, Robert N. Bostrom and Bruce H. Westley (Eds.), Beverly Hills: Sage Publications, 1983, pp. 738-755.

Sypher, Beverly Davenport and Eileen Berlin Ray, "Communication and Job Stress in a Health Organization," Communication Yearbook 8, Robert N. Bostrom and Bruce H. Westley (Eds.), Beverly Hills: Sage Publications, 1984, pp. 779-789.

SUMMARY OF RECENT RESEARCH IN EMOTION AND STRESS IN THE FIELD OF SPEECH COMMUNICATION

The list of sources noted above is by no means exhaustive. The intent of this summary is to give you a capsulated statement of recent directions our field is making into the domains of communicating emotion and stress.

One extremely useful direction initiated by Michael J. Hyde (1980) examines the functions of anxiety at an ontological level. Hyde conducts a phenomenological investigation of anxiety (the closest thing to a generic human emotion, Cegala, et. al., p. 235) following Heidegger's considerations about "Being" in the world. Hyde suggests that one way of answering the question: "What does it mean to Be?" is to unravel the complexities of anxiety "so as to describe its essential . . . features, i.e., those presuppositions that enable the phenomenon to be experienced in its everyday . . . state" (p. 142). In other words, Hyde's task is to lay bare the most basic features and implications of anxiety as it is experienced by persons in the course of everyday activities. Of particular importance to this workshop is Heidegger's notion of *facticity* or "thrownness" which means that we literally are "thrown" ways of Being-in-the-world by virtue of their existence prior to our appearance in the world. Another way of saying this is: we are how we are in a given context precisely because we have learned to be that way through our social roles, our upbringing, our own experiences, etc. Another significant point is that, for Heidegger, "language is the House of Being" (Hyde, 1980, pp. 143-144). In other words, it is through our capacities to understand and perform interpretive acts of speaking and writing that we are able to know

who we are in context. Thus, language has the capacity to "bring forth" into a domain of conscious awareness what we are experiencing ontologically. Hence, language performance (writing & speaking) has a creative aspect to it in that it enables persons to "call forth" the conditions of life at the moment to a level of existence. In other words, in "saying" something is so, makes it that way. For example, saying you are fearful of spiders makes encounters with them fearful for you. "Fear" in this instance is a symbolic construction about spiders. Another example occurs when you and a friend visit about events you have shared in the past. The act of "saying" brings the events as shared in the past to a present-tense existence. What is clear in these examples is the "power" language has in constructing the moment of interaction between people.

A more recent effort by Hyde (1984) proposes five phenomenological assumptions of emotion that point to a "Being-condition" of how emotions operate and the impact they have on our lives. Those five directives are:

1. The experience of emotion is a fundamental way of apprehending the world.
2. Emotional consciousness is not to be confused with the feelings it induces.
3. Emotional consciousness is an experience that transforms the world.
4. The duration of emotional consciousness affects its specific nature.
5. In its transformation of objects or situations, emotional consciousness, when communicated, functions to project meaning on the world (pp. 128-129).

Thus, what Hyde is doing is providing us with a philosophical depth for understanding how emotion functions. He suggests that experiencing an emotion (like anger) changes the way we see the world while we are angry; that "feeling" angry and "being" angry are coterminous; that an emotion that is held for a length of time influences the nature of the emotion itself; and that communicating emotion serves an important function of giving meaning to the world for the person.

Another insightful and useful direction is offered by Ross Buck (1984). Buck argues that emotion communication occurs simultaneously at two levels: spontaneous and symbolic--where spontaneous (nonverbal) communication is composed of four major qualities:

1. It is based on a biologically shared signal system
2. It is nonvoluntary
3. The elements of a message are signs rather than symbols
4. It is nonpropositional, in that it is by definition not falsifiable (pp. 8-9).

Symbolic communication, on the other hand, is defined as "intentional communication via symbols, in which the communicative behavior has an arbitrary, socially defined relationship with its referent, knowledge of which is shared by sender and receiver" (p. 7). Thus, what is spontaneous in communication are the neurochemical/physiological feelings-states we all experience (or "motivational/ emotional states" as Buck calls them). They flatly "occur" as we experience the world as perceived; they are innate, biological mechanisms operating continually and at varying levels, degrees, and intensities. Simultaneously, symbolic communication occurs when we think and talk about the physiological states we experience. For Buck, the two domains of communication are distinct in three ways. First, one is not

"better" than the other--just different. Second, they modify and interact with each other. Third, our knowledge of what we experience at a physiological level is inextricably bound with language.

The most recent work focusing on communicating emotion collapses major portions of an enormous literature into three broadly defined domains of theories about emotion (Bowers, et. al., 1985, pp. 502-516): Language-analytic theories that "share a common analytic orientation toward classifying, characterizing, and defining emotional states by analyzing words used to refer to them" (p. 502). Psychosocial theories share a belief that a "particular emotion is not automatically triggered by a particular stimulus event, but rather that an emotion emerges from and gives meaning to variable combinations of biological, psychological, and most important, sociological elements" (pp. 502-503); and psychophysiological theories that revolve around controversies regarding physiological activation and cognitive processes in emotional experience (p. 503). From their review, Bowers, et. al., suggest seven rather significant commonalities that distill from their review of emotion studies:

1. Physiological involvement and cognitive interpretation are concomitant aspects of emotional states, though the relative influence of each kind of information is variable. Thus some emotional states are predominantly physical reactions, and others are complex, abstract, and predominantly cognitive constructions. Most common emotions fall along a continuum between these extremes.
2. Some emotional states are perceived to be more intense than other emotional states, or than the same emotional state in other instances of its occurrence. This is due to a high level of

physical responsiveness, a high level of personal involvement in some element of the appriasal process, or both.

3. The existence of an emotional state entails evaluation. Not every experience that is evaluated signals an emotion, but every emotion is an evaluated experience. Some emotions are perceived by the experiencer as a 'good' feeling (positive hedonic tone), others as a 'bad' feeling (negative hedonic tone). Perceptions of good-bad may be based on social-contextual cues, past experiences, immediate or anticipated outcomes, or unmediated physiological arousal. Perceptions of good-bad are subject to reevaluation both throughout and for an indefinite period of time after the experiencing of an emotion.
4. Although a few environmental events bear a rather direct relationship to an emotional state (for example, a sudden loud noise), most stimulus events are perceptually defined, often retrospectively.
5. On occasions when physiological arousal occurs prior to or independently of cognitive monitoring, the unanticipated sensation is negatively toned and this discomfort stimulates an immediate appraisal of possible causal explanations.
6. Emotions are dynamic. The relationship between appraisal and activation is complex and interactive, and probably reciprocal. Attribution of cause, intensity, relevance, duration, and responsibility shape the quality of emotional experience; at the same time, degrees of urgency, intensity, and valence also direct the attribution process. Whatever the direction of the nfluence, the connecting pattern between bodily activation and

psychological appraisal is individually and subjectively organized.

7. While the range of emotional experience is potentially infinite, in actual practice the limitations of language and the limitations of vocal/nonverbal affect display restrict and channelize emotional experience and expression. We cannot talk to ourselves or others about feelings and we cannot enact those feelings without a common code (p. 516).

Bowers, et. al., follow with a model of emotion as it plays out in interpersonal relationships and, in turn, the authors review variables influenced by and influencing interpersonal relationship dynamics. This article is pivotal in the sense that emotion, per se, is at last gaining a rightful place as a domain of inquiry in Speech Communication. However, there is an ongoing variable analytic line of research that deserves mentioning.

Scholars in the ICA divisions of Health and Organizational Communication have been researching stress for persons in medical center organizations. Pettegrew, et. al. (Communication Yearbook 4) conceptualize stress as:

> the difference between worker satisfaction--as represented by individual need fulfillment--and the realities of the work situation as experienced by the individual. Expectations and experiences are operationalized in this definition by the roles individuals perform within the organization (p. 626).

Thus, stress is passively relegated to role enactments as experienced by persons' expectations and experiences in work situations. Other notions represented by the line of research are (1) the relationship between job

related stress and communicator style (Pettegrew, et. al., Communication Yearbook 5); (2) the derivation of stressors in acute health care settings and strategies for coping with those stressors (Albrecht, Communication Yearbook 6); (3) a field-dependent list of twenty stressors leading to job burnout (Ray, Communication Yearbook 7); and (4) conceptualizing mediators for "burnout" as a product or outcome of stress-laden health profession roles (Davenport & Ray, Communication Yearbook 8).

A significant point in this line of research is the notion of where stress is "placed"--that is, in the role a person enacts in the workplace. In our mind, this passive relegation of stress-to-role denudes the capacity of experienced stress to be role-transcendent. In other words, you do not have to be at work enacting a role, to experience stress. While the health care setting is decidedly stressful, to conceptualize stress in this variable-analytic way is to see it as an outcome and not a process whereby an avenue of redress for the person is possible. The person who experiences stress is doomed to experience it if enacting a role (wherever that enactment may occur). A more useful and practical way to understand is the focus of this workshop. This alternative is as follows.

We experience feelings states at a physiological level, followed by personal interpretations of what those feelings "mean" which we, in turn, symbolically code in linguistic forms. Then we communicate those feelings in nonverbal and verbal ways according to social convention--some of which is role-relegated and some of which is relegated to any number of psychological and social factors. The point is that languaging our emotions makes them accessible in the sense that a person's life "shows up" for him/her by virtue of the language she/he says. In addition, since we learn language, it is changeable. And, if we change the way we language the world, we will see it

in a different way. How we language stress dictates to us how we enact a stressful episode in our life and shows up in behavior as variously successful coping mechanisms.

To understand stress in this active sense it to make it person-centered and accessible via linguistic codes. For example, "burnout" would be tempered if not completely avoided were the person able to intervene (in an active way) between the stressor and the languaging of the stressor. Thus, this perspective and workshop work toward enabling persons to change the ways emotions permit ways of Being in the world. It is precisely in this domain of inquiry that Dr. Belle Edson will offer practical suggestions for examining the symbolic ramifications of life's condition we variously call stress.